

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		WFW	6/1/01
FORMALITY REVIEW	H.L.	1074	07/18/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10/3/02	
2	0	0	
3	0	0	
4	✓	✓	
5	✓	✓	
6	0	0	
7	0	0	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	0	0	
13	0	0	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	0	0	
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20	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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